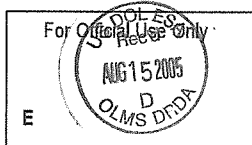


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



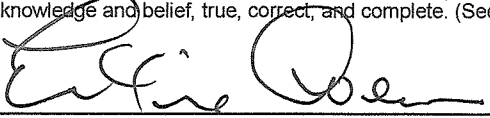
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8291</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>EDDIE</b> <b>ALLERS</b> P.O. Box, Bldg., Room No., if any Street <b>1050 MAYFAIR ROAD</b> City <b>UNION</b> State <b>NEW JERSEY</b> ZIP Code + 4 <b>07083</b>	4. Name, file number, and address of labor organization. Name <b>IBT LOCAL 272</b> Labor Organization File Number <b>010-930</b> P.O. Box, Building and Room Number, if any Street <b>220 EAST 23RD STREET</b> City <b>NEW YORK</b> State <b>NEW YORK</b> ZIP Code + 4 <b>10010</b>
5. Position in labor organization. <b>SECRETARY TREASURER / BUSINESS MANAGER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>8-10-05</b> Date	<b>212-726-9726</b> Telephone Number

Name of Person Filing <b>EDDIE ALLERS</b>		File Number <b>U-</b>
<p>B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>ARK ASSET MANAGEMENT CO. INC.</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b>125 BROAD ST.</b></p> <p>City <b>NEW YORK</b></p> <p>State <b>NEW YORK</b> ZIP Code + 4 <b>10004</b></p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>LOCAL 272 PENSION'S TRUST FUND</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b>220 E. 23RD STREET</b></p> <p>City <b>NEW YORK</b></p> <p>State <b>NEW YORK</b> ZIP Code + 4 <b>10010</b></p>		<p>11.a. Nature of such dealing.</p> <p><b>INVESTMENT ADVISOR FOR RELATED PENSION FUND.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$100,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>EDUCATIONAL CONFERENCE INTERNATIONAL BENEFITS FOUNDATION - NEW ORLEANS.</b></p> <p>12.b. Amount. <b>\$262.92</b></p>

Name of Person Filing

EDDIE ALLERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 272 PENSION &amp; WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 220 E. 23RD STREET

City NEW YORK

State NEW YORK

ZIP Code + 4 10010

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

RELATED HEALTH & WELFARE FUND  
FOR UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

\$15,000,000.00

12.a. Nature of interest held or income received.

EDUCATIONAL CONFERENCE  
INTERNATIONAL BENEFITS  
FOUNDATION - NEW ORLEANS

12.b. Amount.

\$1552.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

EDDIE ALLERS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ICC CAPITAL MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 27th FLOOR

Street 390 NORTH ORANGE AVENUE

City ORLANDO

State FLORIDA ZIP Code + 4 32801

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 272 WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 220 EAST 23RD STREET

City NEW YORK

State NEW YORK ZIP Code + 4 10010

11.a. Nature of such dealing.

INVESTMENT ADVISOR FOR RELATED WELFARE FUND.

11.b. Approximate dollar value of such dealing.

\$65,000.00

12.a. Nature of interest held or income received.

DINNER MEETING AT TEAMSTERS UNITY CONFERENCE MAY 2004.

12.b. Amount.

\$250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.